



Installation Safety Division

Accident Reporting & FECA

Program Overview

APG Safety Program

**Installation Safety
Division**

**Building 4304
Susquehanna Rd.**

**Aberdeen Proving
Ground**

**(410) 306-
1095/1096/1097**

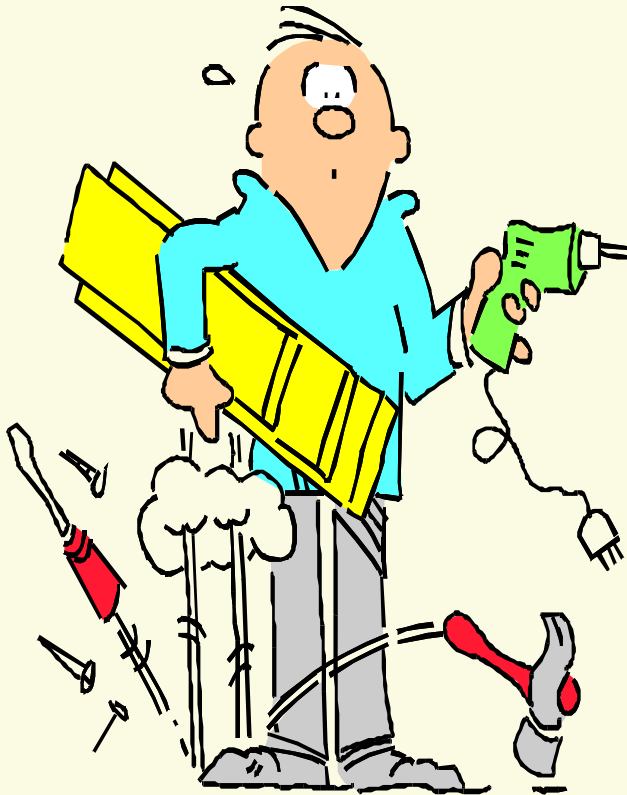


Safe Attitude



- Stay focused
- Taking guidelines and practices seriously
- Control emotions
- Know the hazards. Don't learn by accident.

Safe Behavior



- Don't take shortcuts
- Use proper personal protective equipment

Installation Safety Division Statistical Information

Cynthia L. McCarthy
Installation Safety
Division
Aberdeen Proving
Ground
(410) 306-1154



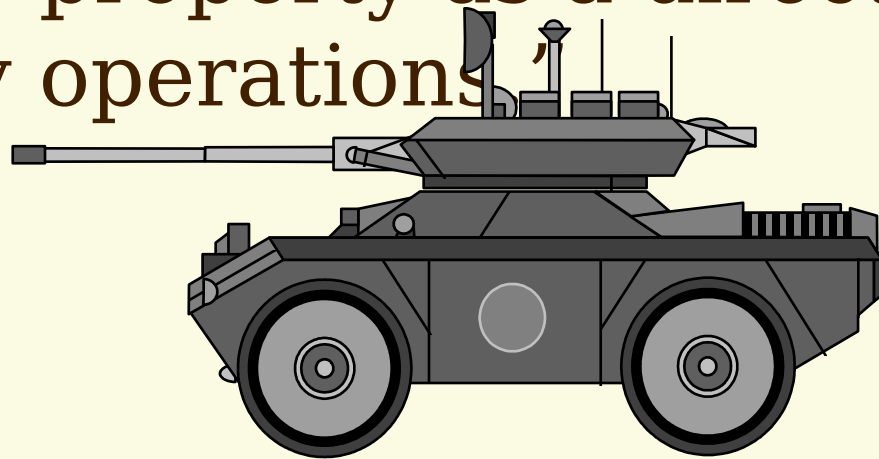
Accident Reporting at APG

► Accident- An unexpected and unintentional, desirable event.



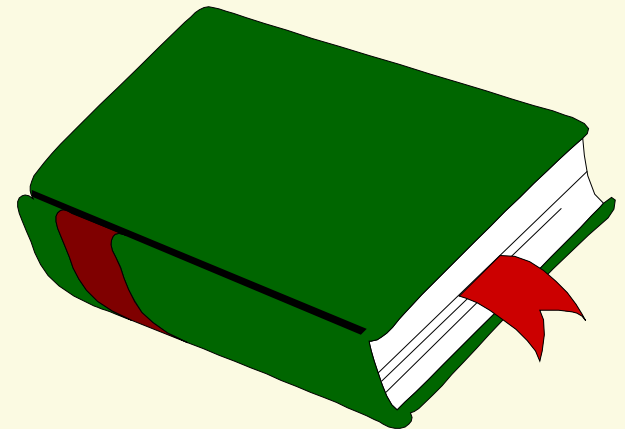
Army Accident Definition

- “An unplanned event that results in injury and/or illness to either Army or Non-Army personnel and/or damage to Army or Non-Army property as a direct result of Army operations”



Accident Reporting

- There are three primary laws and regulations that govern accident reporting:
 - OSHA - 29 CFR 1960
 - AR 385-40
 - APGR 385-4



Accident Reporting Program

- ✓ All accidents involving military personnel, APG employees, as well as property damage accidents, must be reported within 24 hours to the Installation Safety Division for monitoring and investigation purposes. This must be done to comply with 29 CFR 1960, AR 385-40, and APGR 385-4.

Accident Reporting Program

- The SSB Fm 1236, Record of Injury, is completed for all personnel accidents at APG in the event of injury or occupational illness. The individual's supervisor will do the following:
 - **Complete Sections I and III**
 - **Forward to Medical Officer to complete Section II**
 - **Upon receiving notice from Safety Office, complete any additional forms, e.g., DA Fm 285**



Accident Reporting Program

RECORD OF INJURY									
SECTION I – Patient Information (To be completed by supervisor or patient and delivered to medical treatment facility. May also be completed by medical treatment facility if not provided by patient.)									
1a. Patient's Last Name				b. First Name			c. Middle Initial		
2. Grade/Rank		3. Social Security Number			4. Job Title/MOS				
5. Name of Unit/Organization				6. Unit Address					
7. Date of Injury				8. Supervisor's/Leader's Name			9. Phone No.		
a. Day	b. Month	c. Year	d. Hour						
10. Describe how injury occurred (state what was being performed and what caused the injury)									
11. Describe where injury happened and location (indicate bldg number, street, landmarks, etc.)									
SECTION II – Medical Report (To be completed by medical officer or physician)									
1. Nature and Extent of Injury or Occupational Illness									
2. Disposition (Check one)									
a. Return to regular duty			b. Return to light duty			c. Hospitalize			
d. Send home or to quarters			e. Other (Specify)						
3. Estimated days absent beyond date of injury				4. Name of medical officer or attendant					
Data Required by the Privacy Act of 1974 (5 U.S.C. 552a)									
<p><i>Authority:</i> Title 29 Code of Federal Regulations, Part 1960.66© and Executive Order 12196</p> <p><i>Prescribing Directives:</i> AR 385-40 and APGR 385-4</p> <p><i>Principal Purpose:</i> Record occupationally-related injuries and illnesses for accident classification and prevention purposes.</p> <p><i>Routine Uses:</i> Used by safety personnel to record occupational injury and illness experience and maintain accurate statistics. The social security number (SSN) is used to identify the individual to prevent possible duplication of accident reporting.</p> <p><i>Disclosure and Effect on Individual Not Providing This Information:</i> Disclosure is voluntary. However, since maintenance of accurate statistical data is essential to successful compliance with these mandates, failure to provide the SSN will result in it being obtained from other sources so as to ensure that all data being provided are accurately recorded.</p>									
SECTION III – Safety Office Disposition (To be delivered to and completed by servicing Safety Office)									
Army Recordable (AR 385-40)				Non-Recordable		Contractor		Foreign Military	
29 CFR 1960 Recordable						Dependent		Visitor	
Safety Office Signature						Date			

Accident Reporting Program

- ▶ The SSB Form 1236 is to be filled out in ALL cases. This allows for tracking and countermeasure development.

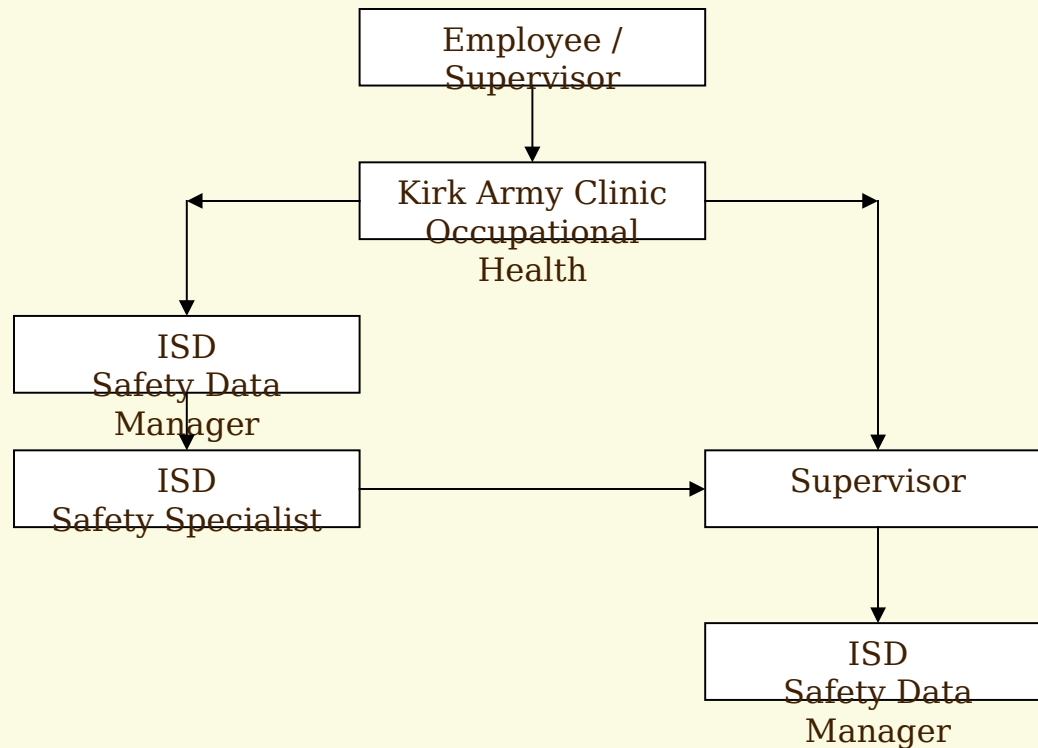


Accident Reporting Program

- APGR 385-4, Section 2-3
 - a. All accidents and injuries experienced by personnel on APG must be reported to the supporting safety office immediately. ALL accidents are reportable to ISD within 24 hours of occurrence. All reports are maintained at the installation level except for those accidents dealing with cumulative exposure-type occupational illness.

Accident Reporting Program

1236 Routing Path



Accident Reporting Program

Non-Reportable Injuries and Illnesses

- Self Inflicted injury
- Criminal Assault
- Prior Service Injuries
- Infective Parasitic diseases and food poisoning
- Non-occupational injury or illness



Accident Reporting Program

- ◆ AR 385-40, Section II
 - Occupational Illnesses
- Occupational injury/illness to Army civilian personnel will be reported to Department of Labor.
- Occupational illnesses will also be reported through medical channels if they result in:
 - (1) A fatality, regardless of the length of illness.
 - (2) A permanent total disability or permanent partial disability
 - (3) A lost-time case involving time away from work
 - (4) A restricted work activity



Welcome To FECA

(Federal Employee

Compensation Act)

Training 2001

Training For Supervisors and
Time-Keeper In Handling
Civilian
Employee Injuries

During a "On Duty" Leave

APG FECA OFFICE

Building 4304, Susquehanna Avenue



Cheryl A. Adams

FECA Administrator

(Response as soon as possible)

(410) 306-1091

Susie Ashby

Program Manager

(410) 306-1057

Office Hours:

Monday - 8am-3:30pm

Walk In Assistance

Tuesday-Friday

By Appointment Only

WHAT IS FECA?

The Federal Employees' Compensation Act

FECA provides monetary compensation, medical care and assistance (attendant's allowances), vocational rehabilitation and OPM (Office of Personnel Management) retention rights to Federal employees that sustain an injury, illness or disease as a result of their employment with the Federal Government.

THE OWCP/FECA MISSION

The Office Of Workers' Compensation Program (OWCP) makes eligible workers whole by providing benefits as promptly as possible and assisting their return to work.

The two main offices for APG employees are located in -

Washington, DC and

Philadelphia PA

REPORTING THE INJURY



Employees sustaining an injury while in the performance of duty should report it to the supervisor as soon as possible, but **not later than 2 days**. (This does not preclude the requirement to report the accident to the ISD within 24 hours.)

- Each employee should report directly to the Kirk Army Clinic for examination, treatment and/or referral to an outside doctor. A medical authorization form (CA-16) and an SSB Form 1236 (Record of Injury) should be completed. Both are available in the FECA office. All DOL forms are maintained solely by the FECA

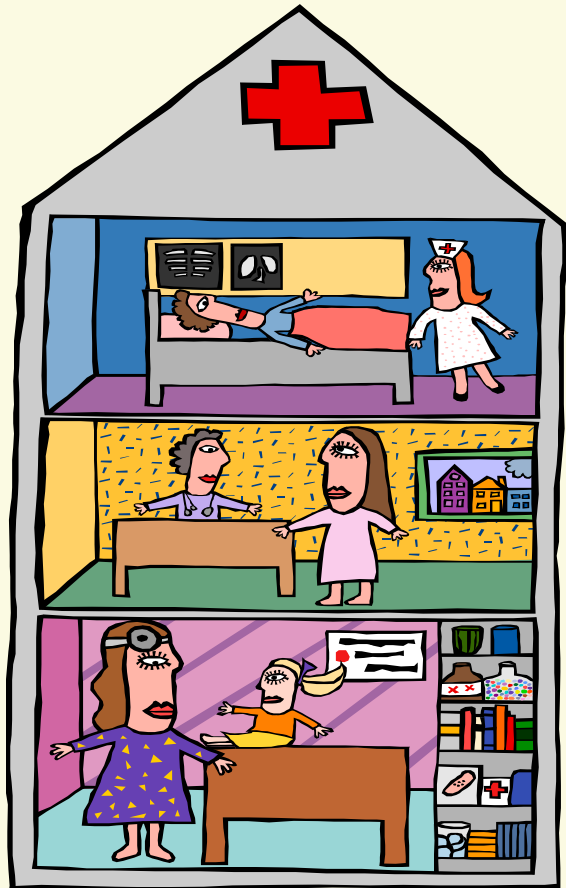
Administrator

RECORDING/REPORTING THE CLAIM



- The supervisor and employee should then report to the FECA office within 10 days for **timely filing** of a CA-1 form with the OWCP.
- Copies of initial and all future medical reports should be sent to the FECA office. This allows for close monitoring of the claimant's medical treatment and resolution
- In the event of an emergency during off-duty hours, the injured employee should report directly to the **closest** medical facility or dial **911** for medical transport.

CA TYPE AND THE FORM TO USE



There are two injury classifications:

- ▮ Occupational Illness/Disease
- ▮ Traumatic Injury

There are two OWCP to be completed:

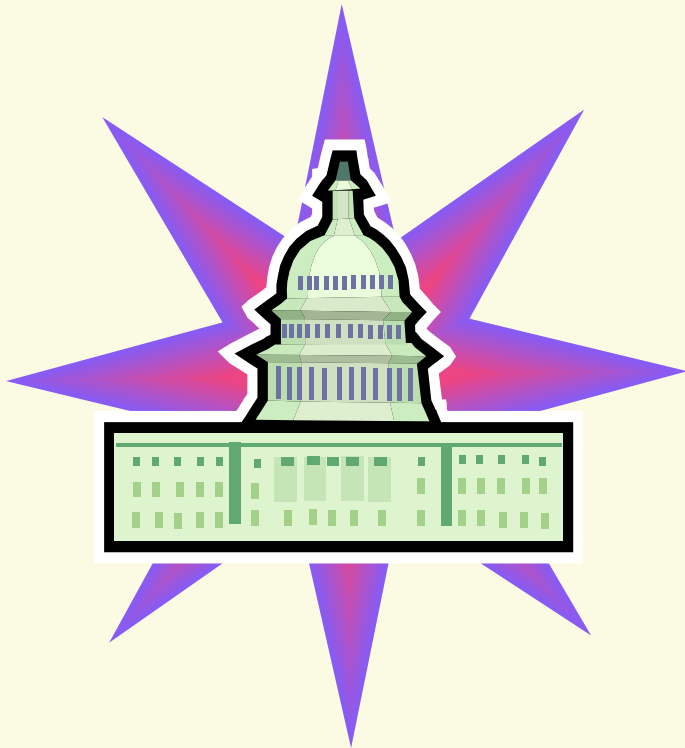
- ▮ CA-2 - For Illness or Disease
- ▮ CA-1 - For Injury

Regulation : APGR-385-

6

BOTH SUPERVISOR AND EMPLOYEE MUST BE PRESENT, TOGETHER, TO COMPLETE THE FORM. THIS MUST BE DONE IN THE FECA OFFICE

FEDERAL WORKER 2000 PRESIDENTIAL INITIATIVE

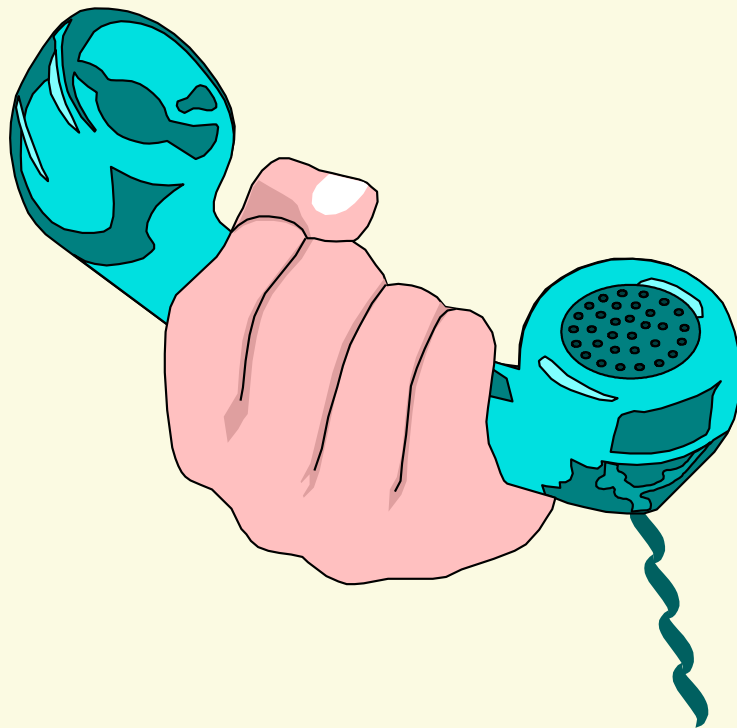


The Federal Worker 2000 Presidential Initiative establishes improved timeliness of injury reporting as a major goal for Federal agencies.

Within five years:

Agencies to improve timeliness of reporting injuries and illness by five percent each year.

PRESIDENTIAL INITIATIVE



In addition to reducing late reporting of CA-1 and CA-2, the memorandum requires

Within 5 years:

Agencies to reduce the occurrence of injuries by 3% per year.

Reduce the rate of lost production days by 2% per year.

**With good communication
we**

**can all help to achieve
these numbers.**

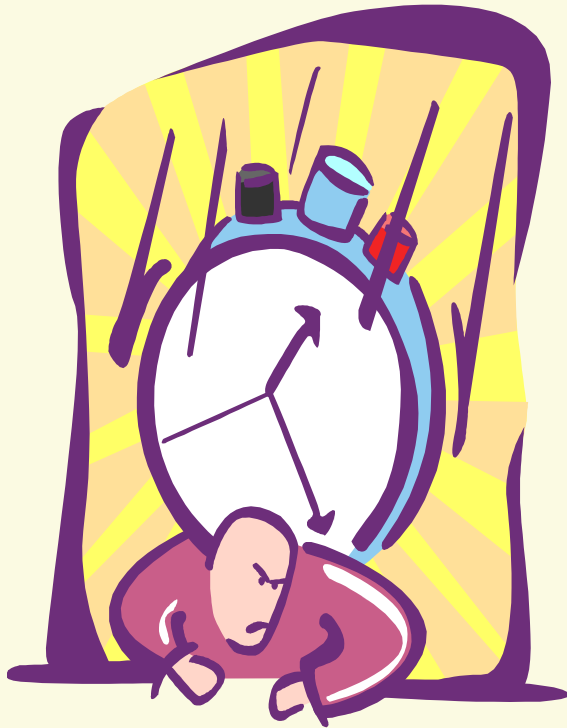
A PARTNERSHIP IS BORN



- Effective
Management
Team for a worker's
compensation claim:
- Safety Professional
 - Supervisors/Time Keepers
 - Employees
 - Medical personnel
 - FECA Administrator
 - DOL-OWCP

TIMEKEEPERS CODING DURING EMPLOYEE'S DISABILITY PERIOD

EOC codes



17-T Date of injury

Month and date must be noted on right side margin of time card to be processed (Hazard pay area)

173 COP - 45 days

Month & date must be noted on right side margin of time card to be processed (Hazard pay area)

17-D Comp -46 days

This is a non-pay code. The supervisor must complete a

52 to

personnel and a 52 when the employee returns to any form

TIMEKEEPER'S CODING DURING EMPLOYEE'S DISABILITY, continued



ATAPS Codes

LU Day of Injury

Month & date must be noted on right side margin of time card to be processed

LT COP - 45 days

Month & date must be noted on right side margin of time card to be processed.

KD Comp - 46 days

This is a non-pay code. The supervisor must complete an SF 52 to personnel and an SF 52 when the employee returns to any form of duty.

THE FECA ADMINISTRATOR ASSISTS:



- **Employees with benefits and OWCP services during their injury**
- **Supervisors in handling a work related injury and bringing that employee back to work as soon as possible**
- **Medical providers in obtaining correct medical authorization for procedures and payment for bills related to the claim.**
- **OWCP by providing information relating to suspicions of FRAUD**
- **Safety personnel about exposures to repetitious injury types and locations**

REDUCING “OFF-DUTY” TIME AND YOUR COMPENSATION BUDGET DOLLARS



- ▶ Obtain consistent medical reports from providers in a timely manner.
- ▶ Request early nurse intervention by DOL in the event of serious injury.
- ▶ Obtain medical authorizations from DOL in a timely manner.
- ▶ Ensuring duty status from medical providers is ALWAYS current to supervisor/OWCP
- ▶ Communication with injured employee.

MODIFIED DUTY ASSIGNMENT

- Supervisor is responsible for working with FECA Administrator, OWCP, medical provider and employee to return the employee back to duty quickly as possible.
- Written medical restrictions and a job description must be provided to the doctor, supervisor, FECA Administrator before employee can return to modified duty. OWCP must be immediately notified. CPO will initiate a 52 Action for the personnel file.
- Supervisor MUST stay within the restrictions during the employee's modified duty.
- If an employee refuses to return to modified duty after OWCP and their doctor have approved, all compensation benefits will be terminated. Termination of duty can be discussed with CID and CPAC.

SERIOUS OR FATAL INJURIES



- Supervisor or designated person may file a CA form on behalf of the employee in the event of serious injury requiring hospitalization or surgery. The employee should be instructed to contact the FECA office at their earliest convenience.
- In the event of a death, a CA-6 should be filed at the FECA office. This may entitle the employee's surviving spouse and family to compensation and funeral benefits.

CONTINUATION OF PAY



Continuation of Pay or “COP” is a continuation of the employee’s pay up to 45 days from the date of injury.

COP must be taken within 45 days from the date of the employee’s injury or they will no longer be eligible.

COP is not considered compensation and therefore is subject to deductions such as taxes, retirement, medical benefits and life insurance

WHEN TO DO A 52 ACTION

As soon as the employee has been out for 45 consecutive days, after the date of injury, a 52 action should be initiated by the supervisor with a copy to the FECA office, payroll and CPOC.

**The action should state that the employee is currently out of work due to a work related injury.
(The claim may not be accepted yet by OWCP)**

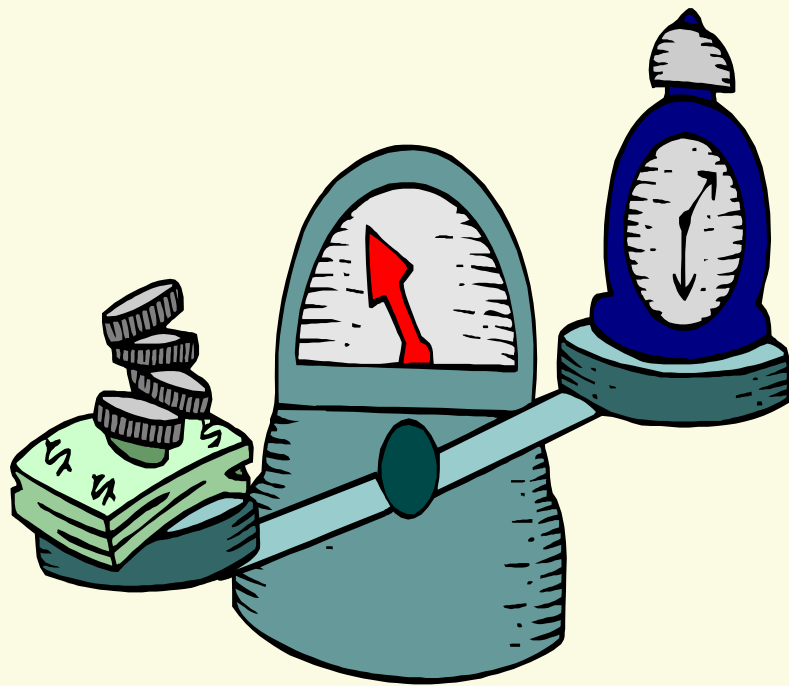
When the employee returns to work after recovery, they are entitled use any COP that has not been used for medical treatment or recovery.

**It must be used within 45 days from the date of the employee's return to work.
If they do not use it, they lose it.**

CONTROVERSION OF COP

- ▶ Disability resulting from occupational disease or illness.
- ▶ Employee is not a Federal employee. Volunteers are always excluded.
- ▶ Employee is not a citizen nor a resident of the United States or Canada.
- ▶ The injury occurred off the employer's premises.
- ▶ Injury was caused by the employee's willful misconduct, intent to bring about injury or death to self or another person or intoxication was the **cause** of the employee's injury.
- ▶ Injury was not reported within 30 days on an approved form.
- ▶ Work stoppage occurred 45 days or more following the injury.
- ▶ Employee reports the injury after they have been terminated.
- ▶ Employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs or other similar groups.

COMPENSATION BENEFITS

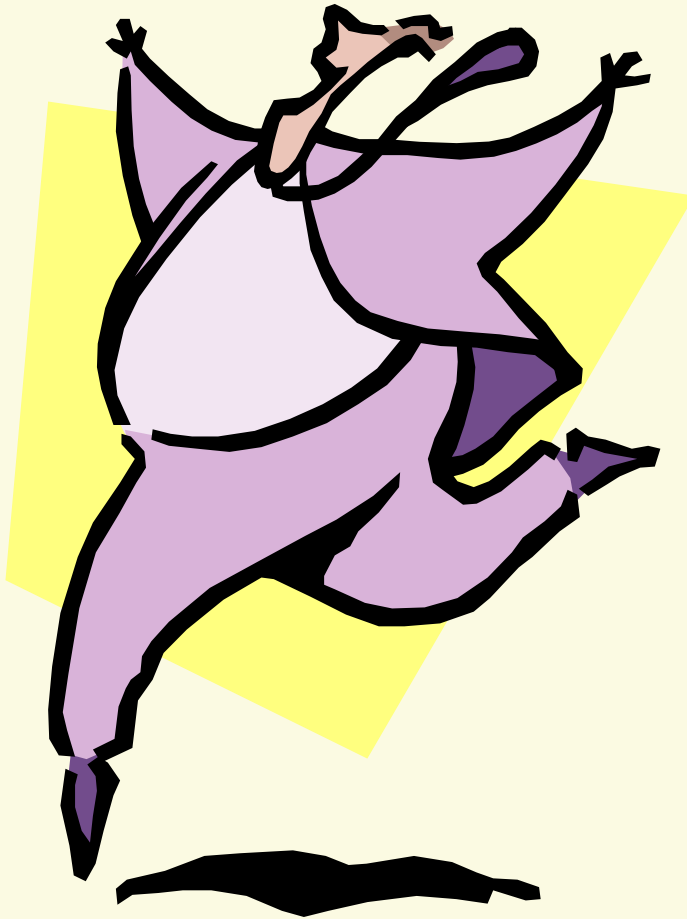


Compensation payments can be made after wage loss begins and medical evidence shows the employee is unable to perform their regular duty

Compensation Benefits begin for lost wages 3 days after the 45 day period ends. If disability exceeds 14 days beyond the expiration of COP then the 3 waiting days are not charged against the employee.

No waiting period is required when permanent disability exists.

CIVIL SERVICE RETENTION RIGHTS



Employees who have fully or partially recovered from the work related injury within one year from the date of injury has mandatory restoration rights to their old position or the equivalent.

Employees whose disability extends beyond one year from the date of injury are entitled to priority consideration provided an application for reappointment is made within 30 days of the date compensation ends.

WHEN A CLAIM IS DENIED



If the employee's claim has been denied they can take the following course of action:

- Request an oral hearing before an OWCP representative
- Request review of written record by a hearing examiner appointed by the Director of OWCP
- Request in writing that OWCP reconsider its decision
- Appeal to Employee's Compensation Appeals Board (ECAB) for review of decision
- There is no other course of action for the employee after appealing to ECAB

SUSPECTED FRAUD



“**RED FLAGS**” that may lead you to suspect fraud:

- Late reporting/unable to determine date
- Injury at start of work Monday/after holiday
- Employee has second job
- History of injuries/absenteeism
- Employee history of financial problems
- Injury within scope of duty
- Diagnosis is not consistent with employee's complaints
- Change of doctor(s) Must be within 25 miles
- Sports/hobbies
- Witnesses
- Employment change
- Employee has pre-existing condition

WHEN YOUR EMPLOYEE CHOOSES NOT TO FILE A



- Send employee to Kirk Clinic for an examination to ensure they have not injured themselves.
- Have employee sign waiver.
- Send copy to FECA office for file.
- Place copy in your file
- Send copy to CPAC for file

Sample Waiver Form

I, employee's name, sustained an injury on date of injury, to my specific body area injured. My supervisor, supervisor's name and title, has requested that I seek immediate medical attention. I have chosen not to obtain medical treatment at this time because: this area is where your employee should explain the exact reason why they chose not to get medical treatment.....

(This does not prevent your employee from filing a FECA claim)

Employee's signature and date.....

Supervisor's signature and date.....

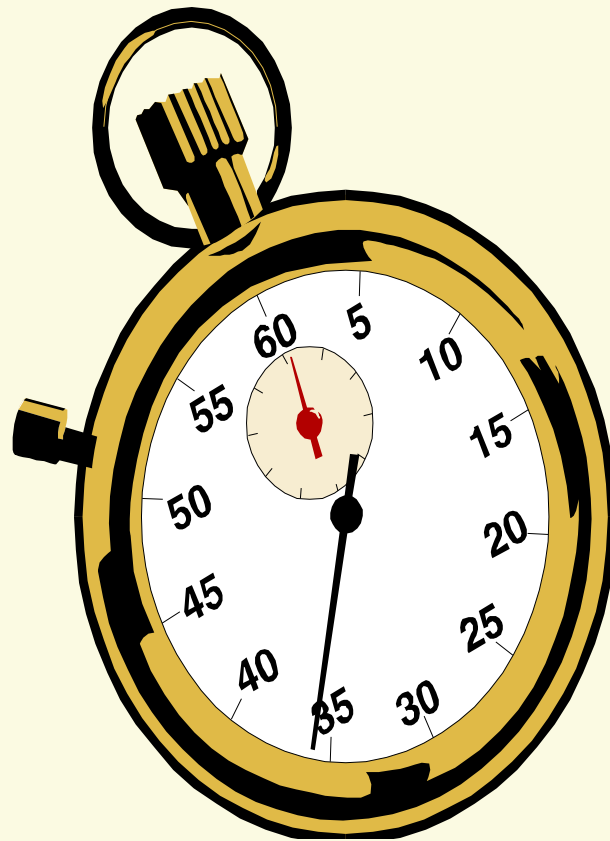
If employee refuses to sign waiver you should invite a third, yet impartial party, to witness the

employee's refusal to get medical attention/sign this form and request their signature on the

bottom of the form with the typed name below. **Send copies of this waiver to CPAC, FECA**

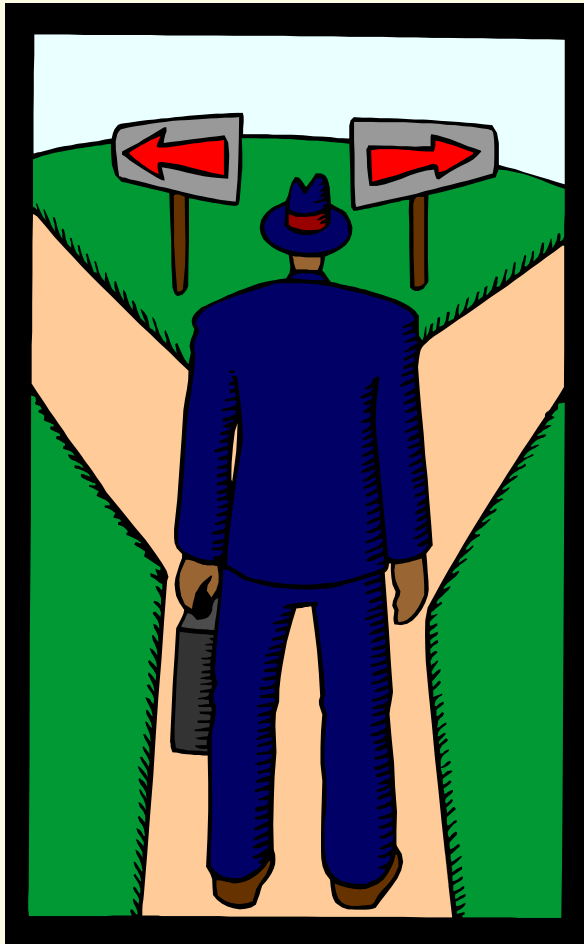
and place a copy in the employee's file.

DEADLINES TO KNOW



- Filing for any survivor death benefits within: **3 years**
- Medical providers submit all bills for the treatment/equipment to employee within: **1 year**
- Employees returning to work can utilize any unused COP if necessary, within: **45 days**
- Employee to give written notice of injury to qualify for COP within: **30 days**
- Employee to provide medical support to qualify for COP: **10 days**
- CA-16 to be made available to employee after medical treatment is requested within: **4 days**

QUESTIONS?



Anytime you or your employee has questions **DO NOT WAIT.**

Call your FECA Administrator as soon as possible at 4-1091 or (410) 306-1091

At any time, the employee can contact the OWCP directly by calling (202) 565-9700. Please have your case number available before you call.

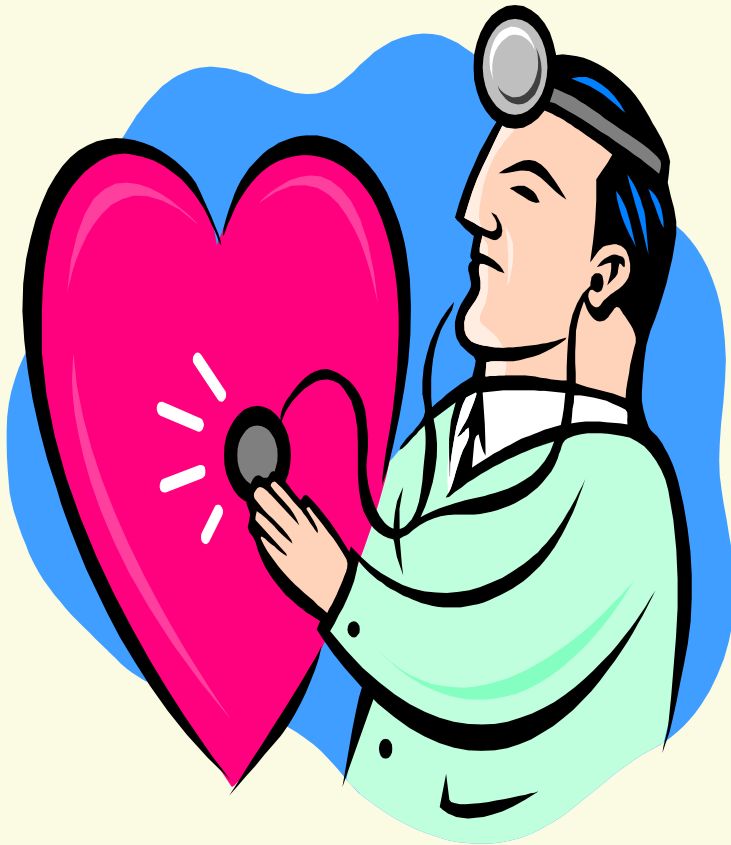
SUPERVISOR'S CHECKLIST

- Complete CA-1 or CA-2 within ten business days from the date of injury.
- Investigate thoroughly
- Obtain medical information from employee
- Get employee back to work as soon as possible
- Notify FECA Administrator of employee's return to work
- If, after employee returns to work and has a reoccurrence of injury, send to FECA office to complete CA-2a
- If you suspect FRAUD, notify your FECA Administrator and obtain proof **in writing** to submit to OWCP

BASIC OWCP FORMS

- ▶ **CA-1** Notice of traumatic injury and claim for COP/compensation
- ▶ **CA-2** Notice of occupational illness/disease and claim for compensation
- ▶ **CA-2a** Notice of reoccurrence and claim for pay/compensation
- ▶ **CA-3** Report of termination of disability and/or payment
- ▶ **CA-5** Claim for compensation by widow(er) and/or children
- ▶ **CA-5b** Claim for compensation by other family
- ▶ **CA-6** Official superior's report of death
- ▶ **CA-7** Claim for compensation on account of work related injury or illness
- ▶ **CA-8** Claim for continuing compensation due to disability
- ▶ **CA-16** Authorization for medical exam/treatment
- ▶ **CA-17** Duty status report
- ▶ **CA-20** Attending doctor's report
- ▶ **CA-20a** Attending doctor's follow up report

OCCUPATIONAL DISEASE WORKSHEETS



- ◆ **CA-35b** Hearing loss
- ◆ **CA-35c** Asbestos related illness
- ◆ **CA-35d** Coronary or vascular condition
- ◆ **CA-35e** Skin disease
- ◆ **CA-35f** Pulmonary illness
- ◆ **CA-35g** Psychiatric illness
- ◆ **CA-35a** Occupational disease in general
- ◆ **CA-35h** Carpal Tunnel Syndrome

OCCUPATIONAL DISEASE WORKSHEETS

- ▶ A supervisor has 20 days from the date they filed the CA-2 (with the employee in the FECA office) to provide a statement and documentation requested by OWCP. This allows 10 more days for the FECA office to copy this information to the employee's file and send a copy to OWCP within 30 days for review.
- ▶ Following the initiation of a claim, the employee will receive information from the Department of Labor. All information from OWCP is mailed to the employee's home. This includes an OWCP POC and phone number that the claimant can call directly.

QUESTIONS ?

If you have questions concerning the Federal Employees' Compensation Act or the Office of Workers' Compensation Program, please contact the FECA Administrator,

Ms. Cheryl Gray-Adams

Email:

Admin.feca@usag.apg.army.mil

410-306-1091

FAX: 410-306-1092